2025-09-18 Subject: Clarification Before Today’s Telehealth Visit

Participants: Gregory Jicha, MD

You 10:29 AM

Subject: Clarification Before Today’s Telehealth Visit

Dr. Jicha,

For the record:

I do not consent to you leading my ongoing care.
I am attending this visit one time only to secure documentation, appropriate referrals, and second opinions.

Key items requiring written acknowledgment in today’s chart note:
FDG-PET result showing regional cortical hypometabolism with possible frontotemporal involvement.
Confirmation that my spinal lesions (T7/T8 and L2) are new and not congenital, with correction of any inaccurate entries.
Documentation of repeated abnormal labs (Fungitell, RealTime Labs, etc.) requiring Infectious Disease evaluation.
Documentation of NeuroQuant findings showing volumetric atrophy, with acknowledgment of need for follow-up NeuroQuant at a certified facility.

Clarification of the “bone cancer” diagnosis listed in my chart — including who entered it, when it was entered, what evidence was used, and whether it was entered in error.

Immediate referrals expected today:

A.) Behavioral/Cognitive Neurology - to assist with ongoing decline

B.) Neurosurgery/Spine Oncology - for review of tumors that are new as of 2023/2024

C.) Infectious Disease - for appropriate follow up testing and treatment regarding former and likely still present systemic fungal infection(s)

3 attachments

04-N-2025-04-03-FDG-PET-SCAN-SHOWING-HYPOMETABOLISM-IN-BRAIN-JOHN-R-FOUTS-MyChart - Test Details (1).pdf

2022-08-03-TMS-John-Fouts-NeuroQuant-Brain-MRI-Report-Textual (1).pdf

04-K-2022-NeuroQuant-MRI-Atrophy-Report.png

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D.) Hematology - for infusion care - continuity of care...especially for copper and iron infusions and for repeat bone marrow biopsy - first occurred in 2017...noting dysmegakaryopoesis (although less than 10% at that time), no 'definitive' evidence of dysplasia at that time, but that is not the same as no evidence of..., CD34+ expression even on the megakaryocytes, and other...

E.) Vascular Surgery - 2nd opinion on what to do about chronic venous insufficiency

Outstanding testing and treatment that must be ordered or explicitly declined in writing:

1.) Repeat FDG-PET (brain and spine) - need more than one point to monitor change - last one done in April - 6 months ago - this time including the spine due to the new onset problem of tumors in 2023 and 2024...

2.) Lumbar puncture - had INR and PTT done on 2025-09-09, and have already gone off prasugrel and waiting until scheduled before stopping eliquis and pentoxifylline for 7 days prior - UK won't fulfill its commitment to schedule the actual test...despite saying they will...

3.) Follow-up NeuroQuant at a certified NeuroQuant facility (not internal software substitutes not run standardly as was the case for the 2024 ProScan imaging issues - with them not having the actual software and later other software being used to run the numbers) - the 2022 NeuroQuant is valid, the 2024 numbers must be discarded as the test was not done standardly as it is normally done.

3 attachments

2022-06-12-Dr-Shoemaker-NeuroQuant-Response-Atrophy-Endotoxins (3).pdf

2017-02-17-Bone-Marrow-Biopsy-Results (3).pdf

2023-02-24-New-Tumor-Discovered-at-T8-Intraosseous-Hemangioma-Thoracic-Spine-MRI.pdf

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4.) Repeat brain + spine MRI (without contrast or with iron contrast, as before) - Gadolinium allergy so if contrast must not be Gadolinium.

5.) Brain MRI with CSF protocol - as previously ordered by Brittany Castle - but UK radiology when I went to appt claimed they don't do that but came up at the next appt with radiology and they said they indeed do do that...

6.) Brainstem MRI for worsening autonomic dysfunction - more pre-syncope issues, more trouble with having to 'remember' to breathe, etc...

7.) Repeat Transcranial Doppler-monitor / have more than one point of data...

8.) Biopsy or PET/MRI correlation for spinal lesions (if recommended by specialists) - preferably PET/MRI over biopsy as less invasive unless biopsy necessary to confirm tumor type.

9.) Bone marrow biopsy follow-up to address unresolved hematologic abnormalities

10.) Immediate copper infusions for documented deficiency (since copper deficiency is known to cause myelopathy and irreversible brain injury if untreated) - and I already have ongoing worsening - new smearing of letters in right eye vision, more pre-syncope issues, more trouble remembering to breath, more forgetfulness, more trouble with things like remembering my phone number at times

11.) 2nd opinions-for FDG & tumors

If you are unwilling to provide these referrals, tests, or treatments, I require you to explicitly decline in writing and provide the name and contact of the clinician who will assume responsibility.

— John R. Fouts

3 attachments

- 2017-04-21-Brain-MRI-Results-Mucosal-Thickening-Ethmoid-Cells (1).pdf
- 2023-02-24-Brain-MRI-Mucous-Retention-Cyst-in-both-maxillary-sinuses-right-and-left-no-mention-of-arachnoid-cyst-what-happened-to-it (1).pdf
- 2024-08-27-MRI-UK-John-Fouts-Brain-Brittany-Castle-Neurology.pdf

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p.s. almost forgot about the QEEG - still need QEEG result - only EEG was provided so far by UK - you stated at our appointment before, that you would be ordering QEEG. I understand that QEEG can be run with the existing EEG data - just needs to be run through the software - please order this promptly so it can be analyzed as you noted it would be in April - six months ago roughly.

Please allow up to 72 business hours for a reply.

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